



16328

PATENT
Attorney Docket No. MEE-005

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TECH CENTER 1600/2900

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Adamis *et al.*
SERIAL NO.: 09/478,099 GROUP NO.: 1632
FILING DATE: January 5, 2000 EXAMINER: Baker
TITLE: Targeted Transscleral Controlled Release Drug Delivery to the Retina
and Choroid

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, Washington, DC 20231 on this 12th day of March, 2003.

Sandra Allen

Sandra Allen

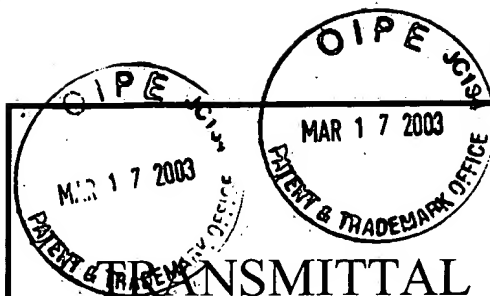
Commissioner for Patents
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

Transmittal Form (1 pg.);
Fee Transmittal Form (1pg.);
Supplemental Information Disclosure Statement (2 pgs.);
Form PTO-1449 (2 pgs.) with copies of cited references (A70-A97);
Check in the amount of \$180.00; and
Return Receipt Postcard.

2590583



TRANSMITTAL FORM

| | |
|---------------------------|-----------------|
| Application Serial Number | 09/478,099 |
| Filing Date | January 5, 2000 |
| First Named Inventor | Adamis |
| Group Art Unit | 1632 |
| Examiner Name | Baker |
| Attorney Docket No. | MEE-005 |
| Patent No. | Not applicable |
| Issue Date | Not applicable |

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ENCLOSURES (check all that apply)

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement (2 pgs) <input checked="" type="checkbox"/> Form PTO-1449 (2pgs) <input checked="" type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|--|--|---|

CORRESPONDENCE ADDRESS

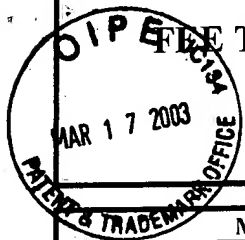
Direct all correspondence to: Patent Administrator
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

SIGNATURE BLOCK

Date: March 12, 2003
Reg. No. 38,678
Tel. No.: (617) 248-7317
Fax No.: (617) 248-7100

Respectfully submitted,

Duncan A. Greenhalgh
Atty/Agent for Applicant(s)
Testa, Hurwitz & Thibault, LLP
High Street Tower
125 High Street
Boston, MA 02110



FEE TRANSMITTAL
FY 2003

Complete if Known

| | |
|---------------------------|-----------------|
| Application Serial Number | 09/478,099 |
| Filing Date | January 5, 2000 |
| First Named Inventor | Adamis |
| Group Art Unit | 1632 |
| Examiner Name | Baker |
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METHOD OF PAYMENT

1. ☒ Payment Enclosed:
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.
☐ Required Fees (copy of this sheet enclosed).
☒ Additional fee required under 37 CFR 1.16 and 1.17.
☐ Overpayment Credit.
3. ☒ Applicant claims small entity status.

FEE CALCULATION

1. FILING FEE

Large Entity

| Fee (\$) | Fee Description | Fee Paid |
|----------|------------------------|----------|
| 750 | Utility filing fee | |
| 330 | Design filing fee | |
| 160 | Provisional filing fee | |

| Number Filed | Number Extra | Rate | Amount |
|--------------|--------------|------|--------|
|--------------|--------------|------|--------|

Total Claims - 20 = x \$ 18.00 =

Independent Claims - 3 = x \$ 84.00 =

☐ Multiple Dependent Claim(s), if any \$280.00 =

TOTAL:

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$)

2. AMENDMENT CLAIM FEES

| Claims Remaining After Amend. | Highest No. Previously Paid For | Present Extra | Rate | Fee Paid |
|-------------------------------|---------------------------------|---------------|------|----------|
|-------------------------------|---------------------------------|---------------|------|----------|

Total - = x \$ 18.00 =

Indep. - = x \$ 84.00 =

☐ First Presentation of Multiple Dep. Claim + \$280.00 =

TOTAL: (\$)

SMALL ENTITY DISCOUNT: (\$)

SUBTOTAL (2) (\$)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid |
|-----------------------|-----------------------|--|----------|
| 130 | 65 | Surcharge - late filing fee or oath | |
| 50 | 25 | Surcharge - late provisional filing fee or cover-sheet | |
| 130 | 130 | Non-English specification | |
| 2,520 | 2,520 | Request for ex parte reexamination | |
| 110 | 55 | Extension for reply within first month | |
| 410 | 205 | Extension for reply within second month | |
| 930 | 465 | Extension for reply within third month | |
| 1450 | 725 | Extension for reply within fourth month | |
| 1970 | 985 | Extension for reply within fifth month | |
| 320 | 160 | Notice of Appeal | |
| 320 | 160 | Filing a brief in support of an appeal | |
| 280 | 140 | Request for oral hearing | |
| 130 | 130 | Petitions to the Commissioner | |
| 180 | 180 | Submission of Information Disclosure Statement | 180.00 |
| 750 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 750 | 375 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 100 | 100 | Certificate of Correction for applicant's error | |

Other fee (Specify)

Other fee (Specify)

SUBTOTAL (3) (\$ 180.00)

SUBTOTAL (1)

SUBTOTAL (2)

SUBTOTAL (3) 180.00

TOTAL (\$ 180.00)

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DA Greenhalgh
Duncan A. Greenhalgh
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